



# APPLICATION FOR OPTOMETRIC LEGEND DRUG CERTIFICATE

State Form 45276 (R3 / 2-02)

Approved by State Board of Accounts, 2002

HEALTH PROFESSIONS BUREAU  
402 W. Washington St., Rm. 041  
Indianapolis, IN 46204

\* Disclosure of your Social Security number is MANDATORY, according to IC 4-1-8-1 and this application cannot be processed without it.

## FOR OFFICE USE ONLY

Application fee	Date fee receipted	Receipt number
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**NOTICE:** Under IC 25-26-15, any licensed optometrist who administers therapeutic legend drugs, dispenses legend drugs, or prescribes legend drugs must be certified by the Indiana Board of Pharmacy.

**INSTRUCTIONS:** Please complete the following information and supply supporting documentation to begin the certificate process.

Name of applicant	Social Security number *	Telephone number (      )
Business name of applicant (if applicable)		County
Indiana practice address		Date of birth (month, day, year)
City, state and ZIP code	Email address	Indiana Optometric license number

Has any previous license or certificate held by the applicant been surrendered, revoked, denied, or is pending action? ☐ Yes ☐ No  
(if Yes, please provide details)

To become certified, you must complete one of the following and provide documentation: (please check the appropriate box)

- ☐ 1a. Provide proof of education in ocular pharmacology from a school or college of optometry or medicine approved by the Indiana Optometry Board by providing a transcript of your course work from the institution; and,
- b. Provide a photocopy of either a score report or a certificate proving successful completion of the Treatment and Management of Ocular Disease (TMOD) examination that is sponsored by the International Association of Boards of Examiners in Optometry.
- OR
- ☐ 2. Provide proof that you have obtained twenty (20) hours of continuing education in ocular pharmacology after January 1, 1991, in a course or courses approved by the Indiana Optometric Legend Drug Prescription Advisory Committee by providing a photocopy of a certificate or certificates proving attendance.

I hereby apply for an Indiana Optometric Legend Drug Certificate in accordance with IC 25-26-15. I certify I have answered all questions to the best of my knowledge.

Signature of applicant	Date signed (month, day, year)
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